

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: _____ BOONE COUNTY PUBLIC HOUSING AGENCY _____ PHA Code: __MO198_____ PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard XX HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): ____10/01/2011____												
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____ Number of HCV units: __401____												
<b>3.0</b>	<b>Submission Type</b> XX <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission for the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.												
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  Boone County Public Housing Agency (BCPHA) dba Mid Missouri Public Housing Agency (MMPHA) is working on increasing the availability of decent, safe and affordable housing over the next five years. We strive to increase customer satisfaction, to continue to improve the quality of information provided to participants and landlords, owners, and managers so that families are able to locate units outside the areas of minority and poverty concentration. In addition, we have a goal to improve specific management functions so that we are able to increase SEMAP scores.  BCPHA/MMPHA would like to, if the opportunity would arise, to increase the number of units by applying for new vouchers such as family self-sufficiency vouchers and vouchers specifically for the disabled and elderly. With the success of families served by the self-sufficiency vouchers BCPHA/MMPHA would like to begin to implement a Homeownership program. With the availability of the vouchers for the disabled, the agency will be able to serve those who are facing housing challenges due to state budget cuts.  BCPHA/MMPHA was unable to meet the goals and objectives described in the previous 5 year plan. The agency faced challenges of maintaining lease ups and maintaining a standard SEMAP score.												

**PHA Plan Update**

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

- 1) Applications must be received complete. All applicants whose applications are incomplete will receive a letter stating the application was denied and why and that they may apply again. This change is due to staffing size and the time and expense it takes to approve incomplete applications.
- 2) Applicants will be screened for Debts Owed to a Public Housing Agency and Terminations and the Sexual Offenders Websites before being placed on the Section 8 Wait List.
- 3) Criminal and Sex Offender background checks will be completed on all applicants age 18 and over and at annual renewal on all participants and household members age 18 and over. Criminal History Verification Releases will be placed in all applications and in the annual renewal paperwork. Criminal background checks are completed using LPPolice/LocatePLUS and Missouri Case.net. Sexual Offender background checks are completed using the Missouri State Highway Patrol Website and the Dru Sjodin National Sex Offenders Public Website.
- 4) Rent Reasonableness will be completed prior to the initial lease approval, before any requested increase of rent to the owner and if directed by HUD or if the FMR decreased by 5 % or more.
- 5) Rent Comparables will be completed within the past 12 months and BCPHA/ MMPHA will attempt to have three (3) comparables for each unit. If this is not possible and explanation will be placed in the file.
- 6) Under General Leasing BCPHA/MMPHA added the following additional information for prohibited leases.
  - 1) Agreement to be sued—Agreement by the tenant to be sued, to admit guilt, or to judgment in favor of the owner, in a lawsuit brought in conjunction to with the lease
  - 2) Treatment of personal property—Agreement by the tenant and the owner to take, hold or sell personal property of the household members without notice to the tenant, and a court decision on the rights of the parties. This prohibition, however does not apply to any agreement by the tenant concerning disposition of person property left in the contract unit after the tenant has moved out. The owner may dispose of this personal property in accordance with state and local law.
  - 3) Excusing the owner from responsibility—Agreement by the tenant not to hold the owner or the owner's agent legally responsible for any action or the failure to act, whether it is intentional or negligent.
  - 4) Wavier of notice—Agreement by the tenant that the owner may institute a lawsuit against the tenant without notice to the tenant.
  - 5) Wavier of legal proceedings—Agreement by the tenant that the owner may evict the tenant or household member (1) without instituting a civil court proceeding in which the tenant has the opportunity to present a defense, or (2) before a court decision on the right on the parties.
  - 6) Waiver of jury trial—Agreement by the tenant to waive any rights to a trial jury.
  - 7) Wavier of the right to appeal court decision—Agreement by the tenant to waive any right to appeal, or to otherwise challenge in court, a decision in connection with the lease.
  - 8) Tenant chargeable with court cost of legal action regardless of outcome—Agreement by the tenant to pay the owner's attorney fees or other legal cost even if the tenant wins in a court proceeding by the owner against the tenant. However, the tenant may be obligated to pay cost if the tenant loses.

6.0

6.0	<p>7) BCPHA/MMPHA will only allow moving by mutual agreement during the term of the lease for reasonable accommodation or for circumstances beyond the control of the tenant or owner. BCPHA/MMPHA will only allow moving once during the year.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan.</p> <p>The PHA plan including the PHA plan elements and attachments are available for public review at the main administrative office of the PHA, 807-B North Providence, Columbia, MO 65203. The Mid Missouri Public Housing Agency office 800 North Providence Suite 105, Columbia, MO. It is also available at each of the six Central Missouri Community Action Family Resource Centers.</p> <p>Callaway County--610 Collier Lane, Fulton</p> <p>Cole County—1109 Southwest Blvd. Suites F &amp; G, Jefferson City</p> <p>Cooper County—401 East High Street, Boonville, MO</p> <p>Howard County—600 W. Morrison Street, Fayette, MO</p> <p>Montieau County—318 S. Oak Street, California, MO</p> <p>Osage County—Kuster Building, 305 East Main, Linn, MO</p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p>N/A Boone County Public Housing PHA dba Mid Missouri PHA does not administer the Homeownership Program.</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p> <p>N/A</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>N/A</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>N/A</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>N /A</p>

**Housing Needs.** Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

BCPHA/MMPHA has been influenced by the following factors in identifying the housing needs of low-income families that live in our jurisdiction. We are seeing effects of the economy of the housing on the housing market in that there is limited number of available housing units and the units available maybe of a lower quality or in a less desirable location. The increase of the utility allowance has also had an effect on the availability of new vouchers holders or participants wanting to move in finding affordable units. The following ratings (1-5 with 5 being the highest need) is based on an assessment of the agency's past experience, review of the current State Consolidated Plan, the most recent (2009) needs assessment conducted by the Central Missouri Community Action.

Attendees of the Residents Advisory Board (RAB) response is also included. They feel that Supply, Quality and Location of affordable units should show the highest need for our jurisdiction.

Family Type	Overall	Affordability	Supply	Quality	Size	Location
Income<=30% of AMI	22776	4	4	4	2	4
Income>30% but <50% of AMI	1996	4	4	4	2	4
Income>50% but <80% of AMI	2365	4	4	4	2	4
Elderly	3472	4	5	4	4	4
Families with Disabilities	330	4	5	4	4	4
Race/Ethnicity Non-White	826	4	4	4	2	4
MMPHA RAB Response	4	4	5	5	2	5

**Strategy for Addressing Housing Needs.** Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

BCPHA/ MMPHA board voted to close the waiting list effective July 30, 2010.  
BCPHA/MMPHA is currently issuing vouchers. The estimated time on the wait list is currently one and a half years.

	# of families	% of families
Wait list total	243	
Elderly/Near Elderly	15	6%
Families with Disabilities	72	29%
Race/ethnicity Hispanic	5	2%
Race/ethnicity White	161	66%
Race/ethnicity Black	63	25%
Race /ethnicity Indian/Alaskan	1	0%
Race/ethnicity Pacific Islander	0	0%
Race/ethnicity Mixed	5	2%

	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>Boone County PHA/Mid Missouri PHA will continue to assist low-income families obtain suitable housing. BCPHA/MMPHA provides 839 individuals and families with rental assistance. BCPHA/MMPHA wait list is moving but BCPHA/MMPHA is unable to know how long this will continue based on funding provided. The wait list is currently closed BCPHA/MMPHA is unable to know when application will again be taken.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The basic criteria that the Boone County PHA/Mid Missouri PHA will use for determining a substantial deviation from its 5 year plan is:</p> <ul style="list-style-type: none"> <li>---a significant natural disaster that has been declared by Federal Emergency Management affecting the availability of affordable rental units in the agency service area.</li> <li>---a federal statutory or regulatory change that is made effective and, in the option of the Agency; or created substantial obligations or administrative burdens beyond the program under administration at the start of the Plan year.</li> <li>--any other event that the BCPHA/MMPHA Board determines to be a significant amendment or modification of the approved annual plan.</li> </ul> <p>(c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance.</p> <p>Boone County PHA is currently in a corrective action plan. Even though BCPHA/MMPHA has made improvements as requested in the corrective action plan we are still under troubled status. BCPHA/MMPHA is awaiting the results of a review made by the St Louis office and will continue to improve the Housing Choice Voucher program.</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>The Residents Advisory Board had no comments or suggestion to be added to the PHA and that the proposed changes sounded ok.</p> <p>(g) Challenged Elements</p> <p>BCPHA/MMPHA received no comments regarding changes in the pha plan during our public comment period that ran from March 28, 2011 through May 11, 2011. At the public hearing held on March 17, 2011 in Boonville, MO no one appeared. On March 18, 2011 in Jefferson City, MO one person attended but made no comments.</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## **Instructions form HUD-50075**

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### **1.0 PHA Information**

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### **2.0 Inventory**

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### **3.0 Submission Type**

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### **4.0 PHA Consortia**

Check box if submitting a Joint PHA Plan and complete the table.

### **5.0 Five-Year Plan**

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### **PHA Plan Elements.** (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: **(i)** A description of the need for measures to ensure the safety of public housing residents; **(ii)** A description of any crime prevention activities conducted or to be conducted by the PHA; and **(iii)** A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

## 7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

### (a) Hope VI or Mixed Finance Modernization or Development.

1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

### (b) Demolition and/or Disposition.

With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

[http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)

**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

### (c) Conversion of Public Housing.

With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 **Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

### 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.

PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

- 1. At the end of the program year; until the program is completed or all funds are expended;
- 2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- 3. Upon completion or termination of the activities funded in a specific capital fund program year.

### 8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any



portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:  
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

## **Mid Missouri Public Housing Agency (MMPHA)**

### **HOUSING CHOICE VOUCHER PROGRAM** **RIGHTS AND RESPONSIBILITIES UNDER THE VIOLENCE AGAINST WOMAN** **ACT OF 2005**

#### **PROHIBITION AGAINST TERMINATION TENANCY OF VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING (PUBLIC LAW 109-162 AND 109-271)**

The purpose of the Violence against Women Reauthorization Act of 2005 (VAWA), provides that “criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be caused for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant’s family is the victim or threatened victim of that abuse.” VAWA further provides that incidents of actual or threatened domestic violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause of termination the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the Mid Missouri Public Housing Agency’s (MMPHA) authority to terminate the tenancy of any tenant if the PHA can demonstrate an actual and imminent threat to other tenants, applicants, while maintaining a safe environment for MMPHA, Central Missouri Community Action employees, and others.

#### **Victim Documentation**

##### **PHA Policy**

When a tenant family is facing lease termination because of the actions of a tenant, household member, guest or other person under the tenant’s control and a tenant or immediate family member of the tenant’s family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, MMPHA will require the individual to submit documentation affirming that claim.

Documentation must include two elements:

1. A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking.

One of the following:

A police or court record documenting the actual or threatened abuse.

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to MMPHA within 14 business days after the individual claiming victim status receives a request for such certification. MMPHA, owner manager will be aware that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk. MMPHA will require the tenant come into the office to pick up the certification form and will work with the tenant to make arrangements that do not place the tenant at risk. This 14-day deadline may be extended at the MMPHA's discretion. If the individual does not provide the required certification and supporting documentation within 14 business days, or the approved extension period, MMPHA may proceed with assistance termination.

MMPHA also reserves the right to waive victim verification requirements and accept only a self-certification from the victim if MMPHA deems the victim's life to be in imminent danger.

Once a victim has completed certification requirements, MMPHA will continue to assist the victim and may use bifurcation as a tool to remove a perpetrator from assistance. Owners will be notified of their legal obligation to continue housing the victim, while using lease bifurcation as a tool to remove a perpetrator from a unit. MMPHA will make efforts to work with victims of domestic violence before terminating the victim's assistance.

In extreme circumstances when MMPHA can demonstrate an actual and imminent threat to other participants or employees of MMPHA/Central Missouri Community Action if the participant's (including the victim's) tenancy is not terminated, MMPHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

### **Termination or Evicting a Perpetrator of Domestic Violence**

Although VAWA provides protection from termination for victims of domestic violence, it does not provide protection for perpetrators. In fact, VAWA give the PHA the explicit authority to bifurcate a lease, or to remove a household member from a lease, "in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant." This authority supersedes any local, state, or other federal law to the contrary. However, if MMPHA chooses to exercise this authority, it must follow any procedures prescribed by HUD or by applicable local, state, or federal law for eviction, lease termination or termination of assistance [ Pub. L. 109-271].

### **PHA Policy**

When the actions of a tenant or other family member results in a determination by MMPHA to terminate the family's lease and another family member claims that the actions involve criminal acts of physical violence against family members or others, MMPHA will request that the victim submit the above required certification and supporting documentation in accordance with the stated time frame. If the

certification and supporting documentation are submitted within the required time or any approved extension period, MMPHA will bifurcate the lease and evict or terminate the occupancy rights of the perpetrator. If the victim does not provide the certification and supporting documentation, as required, MMPHA will proceed with termination of the family's lease.

If MMPHA can demonstrate an actual and imminent threat to other tenants or those employed by MMPHA/Central Missouri Community Action if the tenant's tenancy is not terminated, MMPHA will bypass the standard process and proceed with the immediate termination of the family.

### **PHA Confidentiality Requirements**

All information provided to MMPHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may either neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

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I understand my rights and obligations under the Violence Against Women Reauthorization Act of 2005.

\_\_\_\_\_  
Resident (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident (Other Adult)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Authority Representative

\_\_\_\_\_  
Date

**CERTIFICATION OF DOMESTIC  
VIOLENCE, DATING VIOLENCE,  
OR STALKING**

**U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing**

OMB Approval No. 2577-0249

Exp. (02/28/2014)

**Purpose of Form:** The Violence Against Women and Justice Department Reauthorization Act of 2005 ("VAWA") protects qualified tenants, participants, and applicants, and family members of tenants, participants, and applicants, who are victims of domestic violence, dating violence, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

**Use of Form:** This is an optional form. A PHA, owner or management agent presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence or stalking (herein referred to as "Victim") has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

(1) A Federal, State, tribal, territorial, or local police or court record; or

(2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or management agent. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, management agent or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form, the PHA, owner or management agent cannot require any additional evidence from the Victim.

**Confidentiality:** All information provided to a PHA, owner or management agent concerning the incident(s) of domestic violence, dating violence, or stalking relating to the Victim shall be kept confidential by the PHA, owner or management agent, and such details shall not be entered into any shared database. Employees of the PHA, owner, or management agent are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

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**TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING:**

**Date Written Request Received by Victim:** \_\_\_\_\_

**Name of Victim:** \_\_\_\_\_

**Names of Other Family Members Listed on the Lease:** \_\_\_\_\_

**Name of the Perpetrator:** \_\_\_\_\_

**Perpetrator's Relationship to Victim:** \_\_\_\_\_

**Date(s) the Incident(s) of Domestic Violence, Dating Violence or Stalking Occurred:** \_\_\_\_\_

**Location of Incident(s):**

Description of Incident(s) (This description may be used by the PHA, owner or management agent for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Executed on (Date) \_\_\_\_\_

**Public reporting burden** for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or management agents to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

## **RENT REASONABLE**

### **[24 CFR 982.507]**

No HAP contract can be approved until the PHA has determined that the rent for a unit is reasonable. The purpose of rent reasonableness test is to ensure that a fair rent is paid for each unit rented under the HCV program.

HUD regulations define a reasonable rent as one that does not exceed the rent charged for comparable, unassisted units in the same market area. HUD also requires that owners not charge more for assisted units than for comparable units on the premises.

### **Methodology in Administrative Plan**

MMPHA shall certify for each unit for which it approves a lease that the contract rent for such unit is:

1. Reasonable in relation to rents currently being charged for comparable units in the private, unassisted market: taking into account the location, quality, size, type of unit, age of unit, amenities, housing services, maintenance, handicapped accessible and utility allowance for tenant-paid utilities and not in excess of rent currently being charged by the owner for comparable unassisted units.
2. MMPHA shall determine that the rent to the owner is reasonable for each unit leased prior to the initial lease approval, before any requested increase of rent to the owner, if directed by HUD or if the FMR decreases by 5% or more.
3. MMPHA shall maintain for three (3) years all certifications and relevant documentation for inspection by HUD.
4. When a unit is located in an apartment complex, MMPHA will obtain information from the owners so that it can be certified that the rents being charged to the tenants in Section 8 units are the same as rents being charged to tenants who are in unassisted units. If the owner/manager completes section 12a on the Request for Tenancy Approval (HUD form 52517) MMPHA may use this information to determine and document rent reasonableness for comparable unassisted units in the complex.
5. Documentation supporting the contract rent and the reasonableness as demonstrated by the rent comparability form will be contained in each tenant file. It is MMPHA's intent to have three (3) rent comparability forms in each tenant file.

### **System Based on United States Department of Housing and Urban Development Factors**

The attached Rent Comparability Form (see attachments) contains all of the HUD factors required to compare Section 8 assisted units to unassisted units. MMPHA will have a minimum of three (3) different comparability forms that have been completed within the last twelve (12) months in each tenant file for comparison. If it is not possible to obtain three different comparables it will be noted in the file as to why.

## **Unassisted Units in Market as Comparables**

MMPHA will have five (5) to ten (10) examples of unassisted units using the Rent Comparability Form for each county within the jurisdiction. If a comparable cannot be located in that county we may use a comparable for a unit within the same market area. An example of this would be four (4) bedroom or larger homes, or for mobile homes. The examples of unassisted units will be divided into the following categories:

- One bedroom examples for apartments, mobile homes and houses.
- Two bedroom examples for apartments, mobile homes and houses.
- Three bedroom examples for apartments, mobile homes and houses.
- Four bedroom examples for apartments, mobile homes and houses.

## **Documented at Appropriate Time**

1. MMPHA staff, after receiving a Request for Tenancy Approval (RTFA) form, will compare the proposed rent on the RTFA to the examples of the Rent Comparability Forms on file for the appropriate county/market area and appropriate type of unit.
2. When at least three (3) comparables are identified, a copy of the Rent Comparability Forms will be attached to the RTFA form. The Assisted Housing Representative/Housing Inspector will, upon inspection of the unit, will notate which of the three (3) Rent Comparability Forms best compares with the proposed new unit and identify that the unassisted units are comparable and certify reasonableness on the proposed new unit by signing the Rent Reasonableness Certification form (see attachments).
3. If the Assisted Housing Representative/Housing Inspector determines, upon inspection of the proposed new unit, that the proposed new unit is not comparable to any of the three (3) examples, the Assisted Housing Representative/Housing Inspector will survey the units near the location of the proposed new unit for a comparable unassisted unit and completed a Rent Comparability Form. If a comparable unassisted unit cannot be located within the proposed rent range requested, the Assisted Housing Representative/Housing Inspector will contact the Owner/Manager of the proposed unit to negotiate a reasonable rent based on comparables.
4. When at least three (3) comparables are identified, the Assisted Housing Representative/Housing Inspector will notate which of the three (3) Rent Comparability Forms best compares with the unit and identify that the unassisted units are comparable and certify reasonableness on the unit by signing the Rent Reasonableness Certification form. If three comparables are not available the Assisted Housing Representative must state why three are not attached. A copy of the Rent Comparability forms will be attached to the certification form.
5. MMPHA staff, after inspecting the unit for HQS at the annual recertification, will compare the unit with Rent Comparability forms in the jurisdiction and certify reasonable on the unit by signing the Rent reasonableness Certification form.



# RENT COMPARABILITIES

COUNTY\_\_\_\_\_

## TYPE OF UNIT

DATE (M/Y)\_\_\_\_\_

☐ Single Family ☐ Semi-Detached/Row House ☐ Manufactured Home ☐ Garden/Walk up ☐ Elevator/High Rise

Number of Bedrooms\_\_\_\_\_ Year Unit Built\_\_\_\_\_

Square Footage\_\_\_\_\_ Handicapped Accessible ☐ YES ☐ NO

ADDRESS \_\_\_\_\_ Proposed Rent \$\_\_\_\_\_

CITY \_\_\_\_\_ STATE\_\_MO\_\_ZIP CODE\_\_\_\_\_

OWNER/MANAGER\_\_\_\_\_PHONE\_\_\_\_\_

Amenities:	Number of Bathrooms	_____	Carpet	_____
	Range (landlord)	_____	Mini Blinds/shades	_____
	Microwave	_____	Washer/dryer hook ups	_____
	Refrigerator (landlord)	_____	Coin-Op Laundry	_____
	Dishwasher (landlord)	_____	Siding	_____
	Garbage disposal	_____	Basement	_____
	Central Air	_____	Private Deck/Patio	_____
	Window AC	_____	Large Yard	_____
Facilities:	Playground/Pool	_____	Parking	_____
	Storage	_____	Garage	_____
	Other	_____	Carport	_____

Location: ☐ Residential ☐ Mixed Commercial/Residential ☐ Rural  
 Accessibility of Service: ☐ Hospital ☐ Public Transportation ☐ Schools ☐ Stores

Management Service: ☐ On-Site ☐ Phone\_\_\_\_\_

Maintenance Service: ☐ Yes ☐ NO ☐ On-Site ☐ Phone\_\_\_\_\_

Provided by/Paid by					Utility Allowance
Owner	Tenant	Heat	Natural Gas	Propane	Electric /Oil
Owner	Tenant	Cooking	Natural Gas	Propane	Electric/Oil
Owner	Tenant	Hot Water	Natural Gas	Propane	Electric/Oil
Owner	Tenant	Other Electric			
Owner	Tenant	Water			
Owner	Tenant	Sewer			
Owner	Tenant	Trash			
Owner	Tenant	Air Conditioning			
Owner	Tenant	Refrigerator			
Owner	Tenant	Range/Microwave			
		Electric Fee			
		Gas Fee			
				TOTAL	

Payment Standard for Unit\_\_\_\_\_

Proposed Rent: \$\_\_\_\_\_+ \_\_\_\_\_= \_\_\_\_\_

Contract Rent Utility Allowance Gross Rent

## Rent Reasonable Certification

1	Number of Bedrooms			
2	Type of Unit	Single Family	Apartment	Mobile Home
3	Is the unit a	FmHA515	HUD 236	Tax Credit
4	Published Fair Market Rent			
5	% if any above Fair Market Rent			
6	Amount of Gross Rent			
7	Amount Current Contract Rent			
8	Does this rent include all utilities	Yes	No	
9	Amount of increase if any			
10	Reason for increase			
11	Is reason for rent increase justified	Yes	No	
	New Owner			
	Change of income			
	Other			

I have attached 3 rent comparability forms to this certification that have been completed within the past twelve months. Explain if less than 3 comparabilities are attached\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The address for the comparable unit is\_\_\_\_\_

\_\_\_\_\_

I certify that based on the information available to this office the requested contract rent is:

- A. In compliance with the required regulatory certification.
- B. Rent Reasonable.
- C. Comparable with private unassisted market rate units.
- D. Within HUD Approved Payment Standards

Certified by:\_\_\_\_\_Date:\_\_\_\_\_

Title:\_\_\_\_\_

**BOONE COUNTY PUBLIC HOUSING AGENCY  
DBA MID MISSOURI PUBLIC HOUSING AGENCY**

**Sexual Offenders**

Housing and Urban Development has a strict policy on Denial and Termination of Assistance under 24CFR982.553 subpart L-(b) (2) prohibiting admission of other criminals (i) Mandatory prohibition. The PHA must establish standards that prohibit admission to the program if any member of the household is subject to the life time registration requirement under the State sex offender registration program.

In this screening of applicants, the PHA must perform criminal history background checks necessary to determine whether any household member is subject to a lifetime sex offender registration requirement in the state where the housing is located and in other states where the household members are known to have resided.

On June, 16, 2009 the Missouri Supreme Court ruled that federally mandated registration requirements under the Sexual Offenders Registration and Notification Act( SORNA) applies to individuals who committed a sex offense prior to July 20, 2006. Therefore, offenders that were considered EXEMPT from registration under Missouri law are once again required to register because of Federal law.

**MMPHA Policy**

MMPHA does not allow participation of Registered Sex Offenders. If the applicant or household member feel that he/she has wrongfully denied a request for an informal review can be made.